FEB 2 5 2005

## **CHANGE OF** Serial No: 09/043,574 3/26/1998, CORRESPONDENCE ADDRESS Filing Date: State 1 First Named Inventor. HALBLANDER Application 3624 Group Art Unit: Commissioner of Patents Examiner: PO Box 1450 Alexandria, VA 22314-1450 Fax (703)872-9306 98037 Attorney Docket No:

Firm or Individual Name or Indiv						
Prime or Individual Name or Indi	Please change the Correspondence Add	dress for the above identifi	ed patent applica	tion to:		
Firm or Individual Name   Address   City   State   Zip   Country   Telephone   Fax   Fax	Customer Number:	23338				
or Individual Name  Address  City  Country  Telephone  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change (PTO/SB/124).  I am the:  Assignee of Record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  Attorney or Agent of record. Registration Number 28666.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Typed or Printed Name  Ira J. Schultz  Signature  Date  Telephone (703)837-9600, ext. 23  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR:		<u> </u>			
Address City Country Telephone In J. Schultz  State  State  Zip  Zip  Zip  Zip  Telephone  Fax  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change (PTO/SB/124).  I am the:  Applicant/Inventor  Assignee of Record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  Attorney or Agent of record. Registration Number 28666.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Typed or Printed Name  Ira J. Schultz  Signature  Date  J. Schultz  Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below*.						
City Country Country Country Telephone Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change (PTO/SB/124).  I am the: Applicant/Inventor Assignee of Record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98).  Attorney or Agent of record. Registration Number 28666. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Typed or Printed Name Ira J. Schultz  Signature  Date  Tielephone (703)837-9600, ext. 23  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below*.	Address					
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change (PTO/SB/124).  I am the:  Applicant/Inventor  Assignee of Record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98).  Attorney or Agent of record. Registration Number 28666.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Typed or Printed Name Ira J. Schultz  Signature  Date  1 elephone (703)837-9600, ext. 23  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.	Address		<del></del>		1 25:2	
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change (PTO/SB/124).  I am the:  Applicant/Inventor  Assignee of Record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98).  Attorney or Agent of record. Registration Number 28666.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Typed or Printed Name Ira J. Schultz  Signature  Date  1 elephone (703)837-9600, ext. 23  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below*.	City		State		_   Z(p	
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change (PTO/SB/124).  It am the:  Applicant/Inventor  Assignee of Record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98).  Attorney or Agent of record. Registration Number 28666.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Typed or Printed Name Ira J. Schultz  Signature  Date  Date  1 elephone (703)837-9600, ext. 23  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below*.	Country					
associated with an existing Customer Number use "Request for Customer Number Data Change (PTO/SB/124).  I am the:  Applicant/Inventor  Assignee of Record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  Attorney or Agent of record. Registration Number 28666.  Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Typed or Printed Name Ira J. Schultz  Signature  Date  Date  Date  1 elephone (703)837-9600, ext. 23  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below*.	Telephone			-ax		
Typed or Printed Name Ira J. Schultz  Signature  Date  2-25-25  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below*.	<ul> <li>☐ Assignee of Record of the en Statement under 37 CFR 3.73</li> <li>☑ Attorney or Agent of record.</li> </ul>	3(b) is enclosed (Form f Registration Number 28	666.			
Signature  Date  2-5-5  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.	oath or declaration. See 37 (	d in the application trans SFR 1.33(a)(1). Registr	smittal letter in a ation Number	an applica	ition withou	t an executed
Date 2-5-5  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.	Typed or Printed Name Ira J. Schul	tz			A	
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.	Signature One J Sch					
Submit multiple forms if more than one signature is required; see below.	7-25-65	'	` '			) are maried
	Note: Signatures of all the inventors of Submit multiple forms if more than one	r assignees of record of the signature is required; see	e entire interest o below*.	r their repr	esentative(S	

				•
			the state of the s	
				·
_				
1 1	*Total of	forms are submitted.		
_	TOTAL OF	10111 10 210 0021111111		

Fax to: (703)872-9306